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**PATENT APPLICATION** 

Attorney Docket No.		No.	2738-035	
First Inventor Les		Lesi	ter F. Ludwig	
Title	ELECTF CURSO		DOCUMENT EDITING EMPLOYING MULTIPLE	•

	TRAN	ISMITT	AL '	Title	ELECTRONIC DOCUMENT EDITING EMPLOYING MULTIPLE CURSORS					IPLE ·
(Only for r	new nonprovisiona	Expre	Express Mail Label No.   EL 89859019				5	0 		
See MPEP		ICATION E	LEMENTS nt application contents.	A	ADDRESS TO: Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450					
1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Alexandria, VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or iii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: Credit Card Payment Form								
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Name (Pi	rint/Type)	Jeffrey J. Lot		Reg	Registration No. (Attorney/Agent) 45,737					
Signature	•	Jeffy fant						Date	13 February 2004	

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TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known							
Application Number							
Filing Date	13 February 2004						
First Named Inventor	Lester F. Ludwig						
Examiner Name	-						
Group / Art Unit							
Attorney Docket No.	2738-035						

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Deposit Account:				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Deposit					1051	130	2051	65	Surcharge - late filing fee or oath	
Account Number	0204	60			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
					1053	130	1053	130	Non-English specification	
Deposit Account THE MAYHAM FIRM		1812	2,520	1812	2,520	For filing a request for reexamination				
Account THE MAXHAM FIRM Name						920*	1804	920*	Requesting publication of SIR prior to Examiner action	
The Commissioner is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☑ Credit any overpayments						1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
			furing the pendency of t r, except for the filing f		1251	110	2251	55	Extension for reply within first month	
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		FEE C	ALCULATION		1253	950	2253	475	Extension for reply within third month	
1. BASIC F	ILING FE	E Entity			1254	1,480	2254	740	Extension for reply within fourth month	
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Code (\$)	Code	(\$)	·	Fee Paid	1401	330	2401	165	Notice of Appeal	
1001 770	2001	385	Utility filing fee	385	1402	330	2402	165	Filing a brief in support of an appeal	
1002 340	2002	170	Design filing fee		1403	290	2403	145	Request for oral hearing	i
1003 530 1004 770	2003 2004	265 385	Plant filing fee Reissue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	2005	80	Provisional filling fee		1452	110	2452	55	Petition to revive - unavoidable	
			-		1453	1,330	2453	665	Petition to revive - unintentional	
	S	UBTOTA	NL (1)	(\$) 385	1501	1,330	2501	665	Utility issue fee (or reissue)	
2. EXTRA CLA	IM EEES	·			1502	480	2502	240	Design issue fee	
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			Claims below	Paid	1460	130	1460	130	Petitions to the Commissioner	
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ndependent Claims 3	-	3 =	0 X 43	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent			x o	= 0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee		Fee	•		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
Code (\$) 1202 18	<b>Code</b> 2202	( <b>\$</b> ) 9	Claims in excess of 2		1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1201 86	2201	43	Independent claims in		1801	770	2801	385	Request for Continued Examination (RCE)	
1203 290	2203	145	Multiple dependent cl ** Reissue independe	•	1802	900	1802	900	Request for expedited examination	
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SUBMITTED BY Complete (if applicable)										
Name (Print/Type)	Jeffrey J. Lotspeich	Registration No. Attorney/Agent)	45,737	Telephone	619-233-9004					
Signature	Jefley fr	Date	13 February 2004							

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